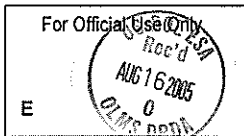


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7779</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Gary M Ruffner P.O. Box, Bldg., Room No., if any Street 815 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-4104	4. Name, file number, and address of labor organization. Name Utility Workers Union of America Labor Organization File Number 000-039 P.O. Box, Building and Room Number, if any Street 815 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-4104
5. Position in labor organization: National Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Gary M Ruffner</u>	On <u>8/12/2005</u> Date	<u>202-974-8200</u> Telephone Number

Name of Person Filing Gary Ruffner	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Diplomat Hotel</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3555 South Ocean Drive</p> <p>City Hollywood</p> <p>State Florida ZIP Code + 4 33019-2827</p>	<p>14.a. Nature of payment.</p> <p>March 26, 2004 Dinner Meeting with hotel manager and sales representative to discuss possibility of using the hotel for the next UWUA convention and sample the food at the hotels featured restaurant.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>\$45</p>

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Kelly Press

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1701 Cabin Branch Dr.

City Cheverly

State Maryland

ZIP Code + 4 20785-3820

14.a. Nature of payment.

December 23, 2004 Christmas gift - Honey Baked Ham, I was told Kelly Press typically sends to all clients.

13.b. Is the Business an Employer ☒or Consultant ☐ ?

14.b. Amount of payment.

\$62

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Kelly Press

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1701 Cabin Branch Dr.

City Cheverly

State Maryland

ZIP Code + 4

14.a. Nature of payment.

Golf and lunch with Kevin Kelly and Kathy Kelly on a Vacation Day 7/20/04. I assumed golf and lunch for members would be less than \$100, but Per Kevin Kelly golf and lunch was approximately \$207 total each, with greens fees and caddy required

13.b. Is the Business an Employer ☒or Consultant ☐ ?

14.b. Amount of payment.

\$207

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Amalgamated Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1825 K Street, N.W.

City Washington

State District of Columbia

ZIP Code + 4 20006-1202

14.a. Nature of payment.

Last Minute offering of Baltimore Orioles(4) tickets no other clients or anyone from bank wanted to use. Game on Sunday night May 16, 2004. No bank employees were present to discuss business. Approximately \$39.16 each. Only used (2) tickets.

13.b. Is the Business an Employer ☒or Consultant ☐ ?

14.b. Amount of payment.

\$39

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Amalgamated Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 Union Square

City New York

State New York

ZIP Code + 4 10003-3378

14.a. Nature of payment.

December 20, 2004 Christmas Gift from Bank Vice President John O'Connor - two 1/2 gallon bottles of Dewars scotch

13.b. Is the Business an Employer ☒or Consultant ☐ ?

14.b. Amount of payment.

\$65

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Amalgamated Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 Union Square

City New York

State New York

ZIP Code + 4 10003-3378

14.a. Nature of payment.

Lunch with Amalgamated VP Valerie Phillips to introduce the new Washington DC Bank Manager, Virginia Foster

13.b. Is the Business an Employer ☒or Consultant ☐ ?

14.b. Amount of payment.

\$43

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Harbaugh Hotels

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1600 North Indian Canyon Drive

City Palm Springs

State California

ZIP Code + 4 92262-4602

14.a. Nature of payment.

Gift basket from Harbaugh Hotels left in hotel room with thank you note for doing business with hotel

13.b. Is the Business an Employer ☒or Consultant ☐ ?

14.b. Amount of payment.

\$52